Schedules A&B—Itemized Deductions AND (Form 1040) Dividend and Interest Income

Department of the Treasury Internal Revenue Service

► Attach to Form 1040.

1971

Your social security number Name(s) as shown on Form 1040 Schedule A—Itemized Deductions (Schedule B on back) Contributions.—Cash—including checks, money orders, etc. Medical and dental expenses (not compensated by insurance or otherwise) for medicine and drugs, doctors, dentists, nurses, (Itemize—see instructions on page 10 for hospital care, insurance premiums for medical care, etc. examples) ___ 1 One half (but not more than \$150) of insurance premiums for medical care. (Be sure to include in line 10 below) . . . 2 Medicine and drugs 3 Enter 1% of line 18, Form 1040 . . . 4 Subtract line 3 from line 2. Enter difference (if less than zero, enter zero) . . 5 Enter balance of insurance premiums for medical care not entered on line 1 . . 6 Itemize other medical and dental expenses. Include hearing aids, dentures, eyeglasses, transportation, etc. 18 Total cash contributions 19 Other than cash (see instructions on page 10 for required statement). Enter total for such items here 20 Carryover from prior years 21 Total contributions (Add lines 18, 19, and 20. Enter here and on line 29, below.) Interest expense. 22 Home mortgage 23 Installment purchases 24 Other (Itemize)_ 7 Total (add lines 4, 5, and 6) 8 Enter 3% of line 18, Form 1040 . . 9 Subtract line 8 from line 7. Enter difference (if less than zero, enter zero) . . 10 Total deductible medical and dental ex-25 Total interest expense (Add lines 22, penses (Add lines 1 and 9. Enter here 23, and 24. Enter here and on line 30, and on line 27, below.) Taxes. Miscellaneous deductions for child care, alimony, union dues, casualty losses, etc. 12 State and local gasoline (see gas tax tables) (see instructions on page 10). 13 General sales (see sales tax tables) . . 14 State and local income 15 Personal property **16** Other _ 26 Total miscellaneous deductions (Enter 17 Total taxes (Add lines 11 through 16. here and on line 31, below.) . . . Enter here and on line 28, below.) . > **Summary of Itemized Deductions** 27 Total deductible medical and dental expenses (from line 10) . 28 Total taxes (from line 17) 29 Total contributions (from line 21) 30 Total interest expense (from line 25) 31 Total miscellaneous deductions (from line 26) 32 TOTAL ITEMIZED DEDUCTIONS. (Add lines 27 through 31. Enter here and on Form 1040, line 47.) .

Name(s) as shown on Form 1040 (Do not enter name and social security number if shown on other side)

Your social security number

Part Dividend Income Note: If gross dividends (including capital gain distributions) and other distributions on stock are \$100 or less, do not complete this part. But enter gross dividends less the sum of capital gain distributions and non-taxable distributions, if any, on Form 1040, line 13a. (see note below) 1 Gross dividends (including capital gain distributions) and other distributions on stock. (List payers and amounts—write (H), (W), (J), for stock held by husband, wife, or jointly)			Part II Interest Income						
			Note: If interest is \$100 or less, do not complete this part. But enter amount of interest received on Form 1040, line 14. 7 Interest includes earnings from savings and loan associations, mutual savings banks, cooperative banks, and credit unions as well as interest on bank deposits, bonds, tax refunds, etc. Interest also includes original issue discount on bonds and other evidences of indebtedness (see instructions on page 11). (List payers and amounts)						
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2 Total of line 1	<u> </u>	1111111							
3 Capital gain distributions (see instructions on page 11. Enter here and on Sched-									
ule D, line 7.) See									
note below 4 Nontaxable distribu-									
tions (see instructions on page 11) .		 							
5 Total (add lines 3 and 4)									
6 Dividends before exclusion (subtract line 5 from line 2). Enter here and on Form 1040, line 13a			8 Total interest income. Enter here and on Form 1040, line 14						

Note: If you received capital gain distributions and do not need Schedule D to report any other gains or losses or to compute the alternative tax, do not file that schedule. Instead, enter 50 percent of capital gain distributions on Form 1040, line 39(b).

